

Health Net
Health Net Federal Services
North
MDA906-03-C-0011
Fiscal Year 2007
April 2007

Dependent or Retiree (DR) Voucher
Capital and Direct Medical Education Costs

Selection Criteria: cap_dme_dt_processing>='04/01/07' AND cap_dme_dt_processing<='04/30/07' AND contractor_name LIKE 'Health Net%'

Hospital Name	Hospital Address	City	State	Zip	Provider Number	Period Covered From	Period Covered To	Medicare Number	Voucher Number	ASAP* Number	Rec Type	Capital Cost	Education Cost	Total Cost	Payment Code
North															
Dependent or Retiree (DR)															
Billing State: IN															
Deaconess Hospital	600 Mary St	Evansville	IN	47747	350593390	05/01/1992	04/30/1993	150082		18894641	T	\$3,784.25	\$0.00	\$3,784.25	offset
Total Payments: IN												\$3,784.25	\$0.00	\$3,784.25	
Billing State: KY															
University Of Kentucky Hospital	800 Rose St	Lexington	KY	40536	616001218	07/01/1996	06/30/1997	180067		18894641	T	\$-5,120.00	\$0.00	\$-5,120.00	amended
Total Payments: KY												\$-5,120.00	\$0.00	\$-5,120.00	
Billing State: MI															
Henry Ford Hospital	2799 W Grand Blvd	Detroit	MI	48202	381357020	01/01/1995	12/31/1995	230053		18894641	T	\$-2,564.00	\$0.00	\$-2,564.00	amended
Total Payments: MI												\$-2,564.00	\$0.00	\$-2,564.00	
Billing State: NC															
Presbyterian Hospital	200 Hawthorne Ln	Charlotte	NC	28204	560554230001	10/01/1995	09/30/1996	340053		18894641	T	\$-13,710.00	\$0.00	\$-13,710.00	amended
Total Payments: NC												\$-13,710.00	\$0.00	\$-13,710.00	
Billing State: NY															
Carthage Area Hospital	1001 W Street Rd	Carthage	NY	13619	150622079	01/01/1994	12/31/1994	330263		18894641	T	\$5,264.04	\$0.00	\$5,264.04	refund
Carthage Area Hospital	1001 W Street Rd	Carthage	NY	13619	150622079	01/01/1995	12/31/1995	330263		18894641	T	\$6,615.77	\$0.00	\$6,615.77	refund
Total Payments: NY												\$11,879.81	\$0.00	\$11,879.81	
Billing State: WI															
Sinai - Samaritan Medical Center West	945 N 12th St	Milwaukee	WI	53233	391597102006	01/01/1997	12/31/1997	520064		18894641	T	\$-1,650.00	\$0.00	\$-1,650.00	amended
Total Payments: WI												\$-1,650.00	\$0.00	\$-1,650.00	
Total Payments: DR												\$-7,379.94	\$0.00	\$-7,379.94	

* An acronym for automated standard application for payments. This number is assigned by the Accounting dept. See the online help for more detail.

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Hospital Name	Hospital Address	City	State	Zip	Provider Number	Period Covered From	Period Covered To	Medicare Number	Voucher Number	ASAP* Number	Rec Type	Capital Cost	Education Cost	Total Cost	Payment Code
											Total Payments: North	\$-7,379.94	\$0.00	\$-7,379.94	
											Total Fiscal Year: 2007	\$-7,379.94	\$0.00	\$-7,379.94	
											Total Period: April 2007	\$-7,379.94	\$0.00	\$-7,379.94	
											Grand Total Payments:	\$-7,379.94	\$0.00	\$-7,379.94	

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